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**ARIZONA CORPORATION COMMISSION**  
**UTILITIES DIVISION**

**ANNUAL REPORT MAILING LABEL – MAKE CHANGES AS NECESSARY**

W-02486A  
Jackson Spring Estates Home and Property Owners  
Association  
4439 E. Hobart  
Mesa, AZ 85205

**RECEIVED**

MAR 23 2006

**Z Corporation Commissic**  
**Director of Utilities**

**ANNUAL REPORT**

**FOR YEAR ENDING**

12	31	2005
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FOR COMMISSION USE

ANN04	05
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## COMPANY INFORMATION

<b>Company Name (Business Name)</b> <u>JACKSON SPRING ESTATES HOME AND PROPERTY OWNERS ASSOCIATION</u>			
<b>Mailing Address</b> <u>4439 E. HOBART ST.</u>			
(Street)			
<u>MESEA</u>	<u>AZ</u>	<u>85225-4125</u>	
(City)	(State)	(Zip)	
<u>480-832-2613</u>		<u>480-540-1683</u>	
Telephone No. (Include Area Code)		Pager/Cell No. (Include Area Code)	
<b>Email Address</b> <u>NMCOES@WMCONNECT.COM</u>			
<b>Local Office Mailing Address</b> <u>SAME AS ABOVE</u>			
(Street)			
(City)		(State)	
(City)		(Zip)	
Local Office Telephone No. (Include Area Code)		Fax No. (Include Area Code)	
Local Office Telephone No. (Include Area Code)		Pager/Cell No. (Include Area Code)	
<b>Email Address</b> _____			

## MANAGEMENT INFORMATION

<b>Management Contact:</b> <u>CHARLES SNIDER</u>				<u>PRESIDENT</u>	
(Name)				(Title)	
<u>P.O. BOX 810</u>		<u>ALPINE</u>		<u>AZ 85920</u>	
(Street)		(City)		(State)	
<u>928 339 4519</u>		<u>—</u>		<u>—</u>	
Telephone No. (Include Area Code)		Fax No. (Include Area Code)		Pager/Cell No. (Include Area Code)	
<b>Email Address</b> <u>—</u>					
<b>On Site Manager:</b> <u>SAME AS ABOVE</u>					
(Name)					
(Street)		(City)		(State)	
(Street)		(City)		(Zip)	
Telephone No. (Include Area Code)		Fax No. (Include Area Code)		Pager/Cell No. (Include Area Code)	
<b>Email Address</b> _____					

☐ Please mark this box if the above address(es) have changed or are updated since the last filing.

**Statutory Agent:** WADE NOBLE  
(Name)  
2260 S. 4TH AVE YUMA AZ 85364  
(Street) (City) (State) (Zip)

928 783 8321  
Telephone No. (Include Area Code) Fax No. (Include Area Code) Pager/Cell No. (Include Area Code)

**Attorney:** \_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Street) (City) (State) (Zip)

\_\_\_\_\_  
Telephone No. (Include Area Code) Fax No. (Include Area Code) Pager/Cell No. (Include Area Code)

☐ Please mark this box if the above address(es) have changed or are updated since the last filing.

### OWNERSHIP INFORMATION

Check the following box that applies to your company:

- |  |   |
|--|---|
| <input type="checkbox"/> Sole Proprietor (S)                             | <input type="checkbox"/> C Corporation (C) (Other than Association/Co-op) |
| <input type="checkbox"/> Partnership (P)                                 | <input type="checkbox"/> Subchapter S Corporation (Z)                     |
| <input type="checkbox"/> Bankruptcy (B)                                  | <input type="checkbox"/> Association/Co-op (A)                            |
| <input type="checkbox"/> Receivership (R)                                | <input type="checkbox"/> Limited Liability Company                        |
| <input type="checkbox"/> Other (Describe) <u>HOME OWNERS ASSOCIATION</u> |   |

### COUNTIES SERVED

Check the box below for the county/ies in which you are certificated to provide service:

- |  |                                   |                                   |
|--|-----------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> APACHE | <input type="checkbox"/> COCHISE  | <input type="checkbox"/> COCONINO |
| <input type="checkbox"/> GILA              | <input type="checkbox"/> GRAHAM   | <input type="checkbox"/> GREENLEE |
| <input type="checkbox"/> LA PAZ            | <input type="checkbox"/> MARICOPA | <input type="checkbox"/> MOHAVE   |
| <input type="checkbox"/> NAVAJO            | <input type="checkbox"/> PIMA     | <input type="checkbox"/> PINAL    |
| <input type="checkbox"/> SANTA CRUZ        | <input type="checkbox"/> YAVAPAI  | <input type="checkbox"/> YUMA     |
| <input type="checkbox"/> STATEWIDE         |                                   |                                   |

COMPANY NAME JACKSON SPRING ESTATES HOME AND PROPERTY OWNERS ASSOCIATION

**UTILITY PLANT IN SERVICE**

Acct. No.	DESCRIPTION	Original Cost (OC)	Accumulated Depreciation (AD)	O.C.L.D. (OC less AD)
301	Organization			
302	Franchises			
303	Land and Land Rights	4 000		
304	Structures and Improvements	16 450	16 453	( 3 )
307	Wells and Springs	3 900	3 900	0
311	Pumping Equipment	25 000	25 000	0
320	Water Treatment Equipment			
330	Distribution Reservoirs and Standpipes			
331	Transmission and Distribution Mains			
333	Services			
334	Meters and Meter Installations			
335	Hydrants			
336	Backflow Prevention Devices			
339	Other Plant and Misc. Equipment	81 000	81 000	0
340	Office Furniture and Equipment			
341	Transportation Equipment			
343	Tools, Shop and Garage Equipment			
344	Laboratory Equipment			
345	Power Operated Equipment			
346	Communication Equipment			
347	Miscellaneous Equipment			
348	Other Tangible Plant			
	<b>TOTALS</b>	<b>130 350</b>	<b>126 353</b>	<b>( 3 )</b>

This amount goes on the Balance Sheet Acct. No. 108

COMPANY NAME JACKSON SPRING ESTATES HOME AND PROPERTY OWNERS ASSOCIATION

### CALCULATION OF DEPRECIATION EXPENSE FOR CURRENT YEAR

Acct. No.	DESCRIPTION	Original Cost (1)	Depreciation Percentage (2)	Depreciation Expense (1x2)
301	Organization			
302	Franchises			
303	Land and Land Rights	4 000		
304	Structures and Improvements	16 450	5 %	823
307	Wells and Springs	3 900	5 %	195
311	Pumping Equipment	25 000	5 %	1250
320	Water Treatment Equipment			
330	Distribution Reservoirs and Standpipes			
331	Transmission and Distribution Mains			
333	Services			
334	Meters and Meter Installations			
335	Hydrants			
336	Backflow Prevention Devices			
339	Other Plant and Misc. Equipment	81 000	5 %	4050
340	Office Furniture and Equipment			
341	Transportation Equipment			
343	Tools, Shop and Garage Equipment			
344	Laboratory Equipment			
345	Power Operated Equipment			
346	Communication Equipment			
347	Miscellaneous Equipment			
348	Other Tangible Plant			
	<b>TOTALS</b>	<b>130 350</b>		<b>6318</b>

This amount goes on the Comparative Statement of Income and Expense \_\_\_\_\_  
Acct. No. 403.

**COMPANY NAME** JACKSON SPRING ESTATES HOME AND PROPERTY OWNERS ASSOCIATION

## **BALANCE SHEET**

Acct No.		BALANCE AT BEGINNING OF YEAR	BALANCE AT END OF YEAR
	<b>ASSETS</b>		
	<b>CURRENT AND ACCRUED ASSETS</b>		
131	Cash	\$ 10 914	\$ 13 826
134	Working Funds		
135	Temporary Cash Investments		
141	Customer Accounts Receivable		
146	Notes/Receivables from Associated Companies		
151	Plant Material and Supplies		
162	Prepayments		
174	Miscellaneous Current and Accrued Assets		
	<b>TOTAL CURRENT AND ACCRUED ASSETS</b>	\$ 10 914	\$ 13 826
	<b>FIXED ASSETS</b>		
101	Utility Plant in Service	\$ 126 350	\$ 126 350
103	Property Held for Future Use		
105	Construction Work in Progress		
108	Accumulated Depreciation – Utility Plant	120 035	126 353
121	Non-Utility Property		
122	Accumulated Depreciation – Non Utility		
	<b>TOTAL FIXED ASSETS</b>	\$ 6 315	\$ ( 3)
	<b>TOTAL ASSETS</b>	\$ 17 229	\$ 13 823

**NOTE:** The Assets on this page should be equal to **Total Liabilities and Capital** on the following page.

COMPANY NAME JACKSON SPRING ESTATES HOME AND PROPERTY OWNERS ASSOCIATION

**BALANCE SHEET (CONTINUED)**

Acct. No.		BALANCE AT BEGINNING OF YEAR	BALANCE AT END OF YEAR
	<b>LIABILITIES</b>		
	<b>CURRENT LIABILITIES</b>		
231	Accounts Payable	\$	\$
232	Notes Payable (Current Portion)		
234	Notes/Accounts Payable to Associated Companies		
235	Customer Deposits		
236	Accrued Taxes		
237	Accrued Interest		
241	Miscellaneous Current and Accrued Liabilities		
	<b>TOTAL CURRENT LIABILITIES</b>	\$ 0	\$ 0
	<b>LONG-TERM DEBT (Over 12 Months)</b>		
224	Long-Term Notes and Bonds	\$ 0	\$ 0
	<b>DEFERRED CREDITS</b>		
251	Unamortized Premium on Debt	\$	\$
252	Advances in Aid of Construction		
255	Accumulated Deferred Investment Tax Credits		
271	Contributions in Aid of Construction		
272	Less: Amortization of Contributions		
281	Accumulated Deferred Income Tax		\$
	<b>TOTAL DEFERRED CREDITS</b>	\$ 0	\$ 0
	<b>TOTAL LIABILITIES</b>	\$ 0	\$ 0
	<b>CAPITAL ACCOUNTS</b>		
201	Common Stock Issued	\$	\$
211	Paid in Capital in Excess of Par Value		
215	Retained Earnings		
218	Proprietary Capital (Sole Props and Partnerships)		
	<b>TOTAL CAPITAL</b>	\$ 0	\$ 0
	<b>TOTAL LIABILITIES AND CAPITAL</b>	\$ 0	\$ 0

**COMPARATIVE STATEMENT OF INCOME AND EXPENSE**

Acct. No.	OPERATING REVENUES	PRIOR YEAR	CURRENT YEAR
461	Metered Water Revenue	\$	\$
460	Unmetered Water Revenue	3514	4417
474	Other Water Revenues	150	<del>3790</del> 450
	<b>TOTAL REVENUES</b>	\$ 3664	\$ <del>8207</del> 4867
	<b>OPERATING EXPENSES</b>		
601	Salaries and Wages	\$ 0	\$ 0
610	Purchased Water	0	0
615	Purchased Power	500	1000
618	Chemicals		
620	Repairs and Maintenance	353	1499
621	Office Supplies and Expense	63	54
630	Outside Services		
635	Water Testing	222	286
641	Rents		
650	Transportation Expenses		
657	Insurance – General Liability	1752	1909
659	Insurance - Health and Life		
666	Regulatory Commission Expense – Rate Case		
675	Miscellaneous Expense	186	180
403	Depreciation Expense	6315	6318
408	Taxes Other Than Income	185	202
408.11	Property Taxes	145	175
409	Income Tax		
	<b>TOTAL OPERATING EXPENSES</b>	\$ 9721	\$ 11623
	<b>OPERATING INCOME/(LOSS)</b>	\$	\$
	<b>OTHER INCOME/(EXPENSE)</b>		
419	Interest and Dividend Income	\$	\$
421	Non-Utility Income	1410	3340
426	Miscellaneous Non-Utility Expenses		
427	Interest Expense		
	<b>TOTAL OTHER INCOME/(EXPENSE)</b>	\$ 1410	\$ 3340
	<b>NET INCOME/(LOSS)</b>	\$ (4647)	\$ (3416)



COMPANY NAME JACKSON SPRING ESTATES HOME AND PROPERTY OWNERS ASSOCIATION

**SUPPLEMENTAL FINANCIAL DATA**

**Long-Term Debt**

	LOAN #1	LOAN #2	LOAN #3	LOAN #4
Date Issued				
Source of Loan		NO	LOANS	
ACC Decision No.				
Reason for Loan				
Dollar Amount Issued	\$	\$	\$	\$
Amount Outstanding	\$	\$	\$	\$
Date of Maturity				
Interest Rate	%	%	%	%
Current Year Interest	\$	\$	\$	\$
Current Year Principle	\$	\$	\$	\$

Meter Deposit Balance at Test Year End \$ \_\_\_\_\_

Meter Deposits Refunded During the Test Year \$ \_\_\_\_\_

COMPANY NAME JACKSON SPRING ESTATES HOME AND PROPERTY OWNERS ASSOCIATION

## WATER COMPANY PLANT DESCRIPTION

### WELLS

ADWR ID Number*	Pump Horsepower	Pump Yield (gpm)	Casing Depth (Feet)	Casing Diameter (Inches)	Meter Size (inches)	Year Drilled
040105	1½	25	6'			

\* Arizona Department of Water Resources Identification Number

### OTHER WATER SOURCES

Name or Description	Capacity (gpm)	Gallons Purchased or Obtained (in thousands)
NA		

BOOSTER PUMPS		FIRE HYDRANTS	
Horsepower	Quantity	Quantity Standard	Quantity Other
	2		

STORAGE TANKS		PRESSURE TANKS	
Capacity	Quantity	Capacity	Quantity
15 000	1		

COMPANY NAME JACKSON SPRING ESTATES HOME AND PROPERTY OWNERS ASSOCIATION

## WATER COMPANY PLANT DESCRIPTION (CONTINUED)

MAINS		
Size (in inches)	Material	Length (in feet)
2		
3		
4	PVC	APPROX 2000
5		
6	PVC	APPROX 2500
8		
10		
12		

CUSTOMER METERS	
Size (in inches)	Quantity
5/8 X 3/4	
3/4	
1	
1 1/2	
2	
Comp. 3	NONE
Turbo 3	
Comp. 4	
Turbo 4	
Comp. 6	
Turbo 6	

For the following three items, list the utility owned assets in each category.

TREATMENT EQUIPMENT:

NONE

STRUCTURES:

FRAME PUMP HOUSE 24'6" X 34'6"

OTHER:

COMPANY NAME: JACKSON SPRING ESTATES HOME AND PROPERTY OWNERS ASSOCIATION

**WATER USE DATA SHEET BY MONTH FOR CALENDAR YEAR 2005**

MONTH	NUMBER OF CUSTOMERS	GALLONS SOLD	GALLON PUMPED (Thousands)
JANUARY	12		
FEBRUARY	12		
MARCH	12		
APRIL	12	NA	NA
MAY	12		
JUNE	13		
JULY	13		
AUGUST	15		
SEPTEMBER	15		
OCTOBER	15		
NOVEMBER	15		
DECEMBER	15		
TOTAL			

Is the Water Utility located in an ADWR Active Management Area (AMA)?

( ) Yes (X) No

Does the Company have an ADWR Gallons Per Capita Per Day (GPCPD) requirement?

( ) Yes (X) No

If yes, provide the GPCPD amount: \_\_\_\_\_

What is the level of arsenic for each well on your system. \_\_\_\_\_ mg/l  
(If more than one well, please list each separately.) TESTING NOT REQUIRED DUE TO LIMITED CUSTOMERS

*Note: If you are filing for more than one system, please provide separate data sheets for each system.*

COMPANY NAME JACKSON SPRING ESTATES HOME AND PROPERTY YEAR ENDING 12/31/2005  
OWNERS ASSOCIATION

**PROPERTY TAXES**

Amount of actual property taxes paid during Calendar Year 2005 was: \$ 175.28

Attach to this annual report proof (e.g. property tax bills stamped "paid in full" or copies of cancelled checks for property tax payments) of any and all property taxes paid during the calendar year.

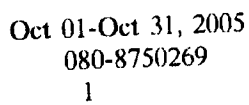
If no property taxes paid, explain why. \_\_\_\_\_

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Oct 01-Oct 31, 2005  
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 THE BOARD OF COMPTROLERS OF

VERIFICATION  
AND  
SWORN STATEMENT  
Taxes

RECEIVED

MAR 23 2006

Z Corporation Commissio  
Director of Utilities

VERIFICATION

STATE OF ARIZONA

I, THE UNDERSIGNED  
OF THE

COUNTY OF (COUNTY NAME)	<u>APACHE</u>	
NAME (OWNER OR OFFICIAL) TITLE	<u>NEVA M. COESTER</u>	<u>SECY / TREAS</u>
COMPANY NAME	<u>JACKSON SPRING ESTATES HOME AND PROPERTY OWNERS ASSN.</u>	

DO SAY THAT THIS ANNUAL UTILITY PROPERTY TAX AND SALES TAX REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH	DAY	YEAR
12	31	2005

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

I HEREBY ATTEST THAT ALL PROPERTY TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.

I HEREBY ATTEST THAT ALL SALES TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.



Neva M. Coester  
SIGNATURE OF OWNER OR OFFICIAL  
480 832 2613  
TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS

21

DAY OF

COUNTY NAME	<u>Maricopa</u>	
MONTH	<u>March</u>	<u>2006</u>

(SEAL)

MY COMMISSION EXPIRES

October 9, 2008

Michelle Walker  
SIGNATURE OF NOTARY PUBLIC

COMPANY NAME JACKSON SPRING ESTATES HOME AND PROPERTY YEAR ENDING 12/31/2005  
OWNERS ASSOCIATION

**INCOME TAXES**

For this reporting period, provide the following:

Federal Taxable Income Reported 0  
Estimated or Actual Federal Tax Liability 0

State Taxable Income Reported 8  
Estimated or Actual State Tax Liability 8

Amount of Grossed-Up Contributions/Advances:

Amount of Contributions/Advances 0  
Amount of Gross-Up Tax Collected 8  
Total Grossed-Up Contributions/Advances 8

Decision No. 55774 states, in part, that the utility will refund any excess gross-up funds collected at the close of the tax year when tax returns are completed. Pursuant to this Decision, if gross-up tax refunds are due to any Payer or if any gross-up tax refunds have already been made, attach the following information by Payer: name and amount of contribution/advance, the amount of gross-up tax collected, the amount of refund due to each Payer, and the date the Utility expects to make or has made the refund to the Payer.

**CERTIFICATION**

The undersigned hereby certifies that the Utility has refunded to Payers all gross-up tax refunds reported in the prior year's annual report. This certification is to be signed by the President or Chief Executive Officer, if a corporation; the managing general partner, if a partnership; the managing member, if a limited liability company or the sole proprietor, if a sole proprietorship.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PRINTED NAME**

\_\_\_\_\_  
**TITLE**



VERIFICATION  
AND  
SWORN STATEMENT  
Intrastate Revenues Only

RECEIVED

MAR 23 2006

VERIFICATION

STATE OF ARIZONA

I, THE UNDERSIGNED

OF THE

COUNTY OF (COUNTY NAME)	<u>APACHE</u>
NAME (OWNER OR OFFICIAL) TITLE	<u>NEVA M. COESTER SECY/TREN</u>
COMPANY NAME	<u>JACKSON SPRING ESTATES HOME AND PROPERTY OWNERS ASSN.</u>

**Z Corporation Commissio**  
**Director of Utilities**

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH	DAY	YEAR
12	31	2005

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENT OF TITLE 40, ARTICLE 8, SECTION 40-401, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS DURING CALENDAR YEAR 2005 WAS:

Arizona Intrastate Gross Operating Revenues Only (\$)

\$ 8207.00

(THE AMOUNT IN BOX ABOVE  
INCLUDES \$ 254.00  
IN SALES TAXES BILLED, OR COLLECTED)

**\*\*REVENUE REPORTED ON THIS PAGE MUST  
INCLUDE SALES TAXES BILLED OR  
COLLECTED. IF FOR ANY OTHER REASON,  
THE REVENUE REPORTED ABOVE DOES NOT  
AGREE WITH TOTAL OPERATING REVENUES  
ELSEWHERE REPORTED, ATTACH THOSE  
STATEMENTS THAT RECONCILE THE  
DIFFERENCE. (EXPLAIN IN DETAIL)**

Neva M. Coester  
SIGNATURE OF OWNER OR OFFICIAL  
480 832 2613  
TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF



21 DAY OF

COUNTY NAME	<u>Maricopa</u>
MONTH	<u>March</u>
YEAR	<u>2006</u>

Michelle Walker  
SIGNATURE OF NOTARY PUBLIC

MY COMMISSION EXPIRES October 9, 2008

# RECEIVED

MAR 23 2006

VERIFICATION  
AND  
SWORN STATEMENT  
**RESIDENTIAL REVENUE**  
INTRASTATE REVENUES ONLY

**Z Corporation Commission**  
**Director of Utilities**

VERIFICATION

STATE OF ARIZONA

I, THE UNDERSIGNED

OF THE

COUNTY OF (COUNTY NAME) <u>APACHE</u>	
NAME (OWNER OR OFFICIAL) <u>NEVA M. COESTER</u>	TITLE <u>SECY/TREAS</u>
COMPANY NAME <u>JACKSON SPRING ESTATES HOME AND PROPERTY OWNERS ASSOCIATION</u>	

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH	DAY	YEAR
<u>12</u>	<u>31</u>	<u>2005</u>

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

## SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENTS OF TITLE 40, ARTICLE 8, SECTION 40-401.01, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS RECEIVED FROM RESIDENTIAL CUSTOMERS DURING CALENDAR YEAR 2005 WAS:

ARIZONA INTRASTATE GROSS OPERATING REVENUES

\$ 8207.00

(THE AMOUNT IN BOX AT LEFT  
INCLUDES \$ 254.00  
IN SALES TAXES BILLED, OR COLLECTED)

\*RESIDENTIAL REVENUE REPORTED ON THIS PAGE  
MUST INCLUDE SALES TAXES BILLED.

Neva M. Coester

SIGNATURE OF OWNER OR OFFICIAL

480-832-2613

TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS

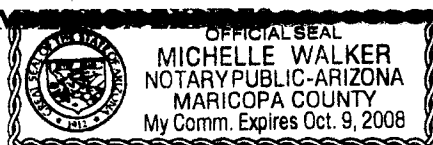
21

DAY OF

NOTARY PUBLIC NAME <u>Michelle Walker</u>	
COUNTY NAME <u>Maricopa</u>	
MONTH <u>March</u>	<u>2006</u>

(SEAL)

MY COM



X Michelle Walker

SIGNATURE OF NOTARY PUBLIC